

Application

Robert C. Byrd Honors Scholarship

2005 - 2006

STUDENT INFORMATION: PLEASE TYPE (PREFERRED) OR PRINT IN BLUE OR BLACK INK ONLY. IF STAFF OF THE BYRD SCHOLARSHIP OFFICE CANNOT READ YOUR APPLICATION, IT WILL BE REJECTED AND WILL NOT BE FORWARDED TO THE PANEL FOR CONSIDERATION.

STUDENT NAME:			SOCIAL SECURITY #:	HOME PHONE:
FIRST	MIDDLE	LAST	GENDER:	EMAIL:
HOME ADDRESS (NUMBER AND STREET OR P.O. Box):			CITY:	ZIP CODE:

PARENT/LEGAL GUARDIAN'S NAME:	RELATIONSHIP:	HOME PHONE:
		()

LIST ACADEMIC HONORS RECEIVED TO DATE: LIST MOST RECENT HONOR FIRST, WITH OTHERS FOLLOWING IN CHRONOLOGICAL ORDER, AND LIST THE DATES OF THESE HONORS. **USE THIS SPACE ONLY. PLEASE TYPE OR USE BLUE OR BLACK INK ONLY.**

LIST ACTIVITIES: STUDENT OR OTHER OFFICES HELD, RESPONSIBILITIES INVOLVING SCHOOL AND COMMUNITY SERVICES. LIST MOST RECENT ACTIVITIES FIRST, WITH OTHERS FOLLOWING IN CHRONOLOGICAL ORDER, AND LIST THE DATES OF THESE ACTIVITIES. **USE THIS SPACE ONLY. PLEASE TYPE OR USE BLUE OR BLACK INK ONLY.**

APPROVAL SIGNATURES:

STUDENT (PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE

PARENT/LEGAL GUARDIAN (PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE

SCHOOL COUNSELOR (PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE

Robert C. Byrd Honors Scholarship

2005 – 2006

STUDENT NAME: _____

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STUDENT'S SOCIAL SECURITY NUMBER

HIGH SCHOOL INFORMATION: (TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR SCHOOL COUNSELOR)

PRINCIPAL'S NAME:		COUNSELOR'S NAME:
NAME OF DISTRICT:		COUNTY:
NAME OF HIGH SCHOOL:		HS PHONE: ()
HIGH SCHOOL ADDRESS:	CITY:	ZIP CODE:

SCHOOL & STUDENT INFORMATION: (TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR SCHOOL COUNSELOR)

DEPENDING ON THE SCHOOL ENROLLMENT, HIGH SCHOOL PRINCIPALS/COUNSELORS MUST RANK-ORDER EACH APPLICATION SUBMITTED FROM EACH HIGH SCHOOL. THE # OF APPLICATIONS SUBMITTED FROM EACH HIGH SCHOOL IS DEPENDENT ON ENROLLMENT (SEE BELOW).									
<table border="1"><thead><tr><th>STUDENT ENROLLMENT</th><th>MAX. STUDENT APPLICANTS</th></tr></thead><tbody><tr><td>LESS THAN 499 (SMALL SCHOOL)</td><td>1 APPLICANT</td></tr><tr><td>500 – 1499 (MEDIUM SCHOOL)</td><td>2 APPLICANTS</td></tr><tr><td>MORE THAN 1500 (LARGE SCHOOL)</td><td>3 APPLICANTS</td></tr></tbody></table>	STUDENT ENROLLMENT	MAX. STUDENT APPLICANTS	LESS THAN 499 (SMALL SCHOOL)	1 APPLICANT	500 – 1499 (MEDIUM SCHOOL)	2 APPLICANTS	MORE THAN 1500 (LARGE SCHOOL)	3 APPLICANTS	<p>PRINCIPAL'S RANKING OF THIS STUDENT: (Must be completed if school has selected more than one student to apply for scholarship)</p> <p>1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/></p> <p>CUMULATIVE GRADE AVERAGE: (PLEASE PROVIDE BOTH IF POSSIBLE)</p> <p><u>UN-WEIGHTED GPA</u> (Preferred): <input type="text"/></p> <p><u>*WEIGHTED GPA:</u> <input type="text"/></p> <p>*If GPA is weighted and an un-weighted GPA cannot be provided, attach an explanation of the weighted process being utilized and attach this to the student transcript.</p> <p>STUDENT RANK IN CLASS <input type="text"/></p> <p>TOTAL SENIOR CLASS SIZE <input type="text"/></p> <p>ACT / SAT SCORE (EITHER OR BOTH) <input type="text"/> <input type="text"/></p>
STUDENT ENROLLMENT	MAX. STUDENT APPLICANTS								
LESS THAN 499 (SMALL SCHOOL)	1 APPLICANT								
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MORE THAN 1500 (LARGE SCHOOL)	3 APPLICANTS								
INDICATE <u>TOTAL</u> HIGH SCHOOL ENROLLMENT <input type="text"/>									

I AFFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

SCHOOL PRINCIPAL OR ASSISTANT PRINCIPAL
(PLEASE SIGN IN BLUE OR BLACK INK)

DATE OF SIGNATURE